

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILE

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MAR 18 2006

STATE OF CALIFORNIA
FORM 460

Page 1 of 7

A For Official Use Only

ORIGINAL

Statement covers period

from 01/01/2006

through 03/17/2006

Date of Election if applicable

(Month, Day, Year)

06/06/2006

By REGISTRAR OF VOTERS
Deputy

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
- ☐ State Candidate Election Committee ☐ Primarily Formed
- ☐ Recall ☐ Controlled
- ☐ General Purpose Committee ☐ Sponsored
- ☐ Sponsored ☐ Primarily Formed Candidate
- ☐ Small Contributor Committee ☐ Officeholder Committee
- ☐ Political Party/Central Committee

2. Type of Statement:

- ☒ Pre-election Statement ☐ Quarterly Statement
- ☐ Semi-annual Statement ☐ Special Odd-Year Report
- ☐ Termination Statement ☐ Supplemental Pre-election
- ☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1234010

COMMITTEE NAME

Committee to Re-Elect Bill Habermehl

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-18-06
DATE

Executed on
DATE

Executed on
DATE

Executed on 3-17-06
DATE

By Barrett Garcia
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By William M. Habermehl
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

William M. Habermehl

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Other, District n/a, Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.O. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

☐ **OPPOSE**

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

☐ **OPPOSE**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE BOUGHT OR HELD

SUPPORT

☐ **OPPOSE**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD	
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☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT☐ **OPPOSE**

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from 01/01/2006 through 03/17/2006	CALIFORNIA FORM 460 Page 3 of 7
NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl	
I.D. NUMBER 1234010	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	0
21. Expenditures Made	\$ 24,944	0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 24,946.94	\$ 24,946.94
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 24,946.94	\$ 24,946.94
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 24,946.94	\$ 24,946.94

**Expenditure Limit Summary for State
Candidates**

**22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)**

Date of Election (mm/dd/yy) Total to Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 56,083.86
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	62.65
15. Cash Payments Column A, Line 8 above	24,946.94
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 31,199.57

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0.00

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2006</u>	through <u>03/17/2006</u>	
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NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Delta Partners, LLC [REDACTED] [REDACTED]	CNS		5,000.00
Financial Agent, Federal Tax Deposit Processing [REDACTED] [REDACTED]	OFC		398.00
Franchise Tax Board [REDACTED] [REDACTED]	OFC		100.00

SUBTOTAL \$ 5,498.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 24,776.64
2. Unitemized payments made this period of under \$100.	\$ 170.30
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 24,946.94

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from 01/01/2006 through 03/17/2006	CALIFORNIA FORM 460 Page 5 of 7
I.D. NUMBER 1234010	

NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSP transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Barrett Garcia [REDACTED] [REDACTED]	PRO		620.00
Registrar of Voters [REDACTED] [REDACTED]	FIL		18,244.50
Republican Party of Orange County [REDACTED] [REDACTED]	CVC		200.00
Verizon Wireless [REDACTED] [REDACTED]	OFC		214.14
SUBTOTAL \$			19,278.64

Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)CALIFORNIA **460**
FORM

03/17/2006

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I.D. NUMBER

1234010

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Orange County Teachers FCU

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

LIT campaign literature and mailings

PRT print ads

WEB Information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Morton's of Chicago	OFC			91.50
SUBTOTAL \$				91.50

Schedule I
Miscellaneous Increases to Cash

SCHEDULE I

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>7</u>
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NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

I.D. NUMBER
1234010

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$ 0.00

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period.	\$ <u>0.00</u>
2. Increases to cash under \$100 this period. (Do not itemize.)	\$ <u>62.65</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).)	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.)	TOTAL \$ <u>62.65</u>